



common carrier

Let Every Young M.D. Serve 2 Years in General Practice

By Dr. E. G. Wright

I would like to tell the public a few thoughts I have had about general practice and obtaining doctors for country practices.



There are plenty of highly specialized doctors but there is a real scarcity of doctors to care for the people who do not need organ transplants, brain surgery, heart surgery or other highly specialized medical care, and this is 95 percent of the people.

Under the name of progress, medical schools have dreamed up paramedical programs to take place of general practitioners, mostly because these highly specialized educators are not convinced of the value of general doctors.

The government has placed the future of this program in their hands without realizing their convictions.

Dr. John Henry voiced a thought on radio the other night, that I have been advocating for three years. It motivated me to write this article. He suggested that all doctors, before they complete their specialized training, go into general practice for three years as part of their training.

I have thought one or two years would be sufficient after about one or two years of internship.

This would answer our medical care shortage. The public would have enough coverage even in the rural areas.

A certain percentage of these doctors would never specialize, and the ones who did, would retain sufficient human kindness and individual interest to make them good specialists.

This milk of human kindness would not clutter up their higher cerebral pathways, and would add to their technically specialized knowledge.

The object of this world, as I see it, is to produce happy useful citizens not physically patched-up specimens, for this psychosomatic medicine is really necessary.

This is the message the pub-

Editor's Note: This "Common Carrier" article pertains to obtaining doctors for general practice. It was written by Dr. E. G. Wright, a general practitioner for 33 years. A member of the Cottonwood Hospital staff, he lives at 10095 S. 10th West, Riverton.

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lic is trying to tell us. We cannot see the number of patients we are forced to see daily and do this. The young, technically trained brains have the knowledge, are keeping up with inflated hospital bills and medical fees, and have completely reversed our public image until I am not proud of it.

I appreciate the fine cardiac care wards, intensive care wards and the personnel that are trained to run them. Most of the general practitioners in our hospital have studied and are able to care for patients in these units.

The young general practitioners that have come out of our schools are good doctors. Don't underestimate their capabilities. Experience, home study, hospital study, refresher courses and working consultants are improving these capabilities.

I am afraid the university professors hear of the mistakes general practitioners used to make before present-day hospital supervision was effected. But they do not realize the high standard of work that is done now by this group of generalists.

I realize in the future surgical privileges to general practitioners must be limited to our abilities, but I hope we can always have good medical, pediatric and obstetric privi-

leges and a few surgical privileges.

If medical students were sure of this, many would never specialize.

We can do a good job for 80 percent of all medical patients and refer the 20 percent.

I wish I could expect this article to make an impression on college training programs for I am sure the public attitude in regard to doctors is a product of modern education.

With God's help, I hope something will happen, which will curb the present trend to complete specialization, continue technical advances, but shorten training periods for enough doctors and nurses to care for all of the people and at prices they can afford.

If the young doctors were put into general practice for one or two years after a year or two of internship, this would be an easy, quick and simple way to get adequate medical care for everyone.

It would not upset society or revamp the public to fit dreams of medical professors, who after all, haven't had the personal contact with patients as we in practice see them. This procedure could be in effect in a few months without any extensive red tape, if only medical schools and residency programs could be convinced of the value.

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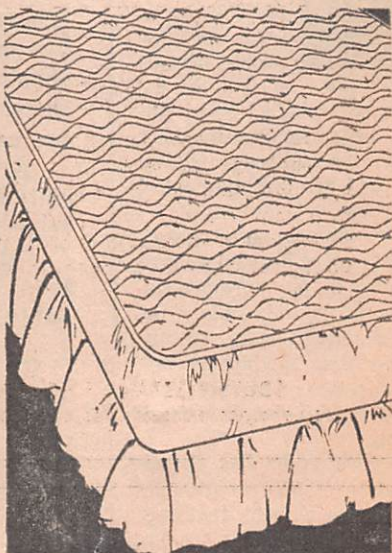
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